

Ulster County Food Security Grant Program (Round 2)

Community Foundations of the Hudson Valley

Welcome to the Ulster County Food Security Grant Process (Round 2)

Grant Program: Funding Focus

In collaboration with Ulster County and in alignment with the Ulster County Food Security and Access Network (UCFSAN) Report findings, funding will focus on proposals that effectively address one or more of the following:

- address food insecurity;
 - leverage existing resources and expand existing emergency food services;
 - provide equipment or personnel to increase capacity to collect, store, distribute, and provide food to those in need;
 - purchase food; and
 - ensure sustainability and organizations addressing food insecurity in critical geographic areas where providers are limited.
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- **The complete guidelines for this grant program can be found on the Foundations' website here: [LINK to guidelines](#)**
 - **Please review the UFSAN Report: *Strengthening Support: Emergency Feeding in Ulster County and Recommendations for Network Resilience* here: [LINK to report](#)**

It is important for you to read and understand the grant program's guidelines and priorities of Ulster County before starting an application.

Application Deadline: October 15, 2025

Eligibility:

Tax exempt organizations (including faith-based organizations) located in or providing services to Ulster County that have operated as a nonprofit organization for at least one year with 501(c)(3) status or an established fiscal sponsorship arrangement with a 501(c)3 nonprofit.

Please note that grants **are not** given to support:

- Political or partisan purposes
- Annual fund or campaign appeals

- Loan reimbursements for capital projects already underway or completed
- Endowments
- Religious organizations for sacramental or theological purposes
- Private operating foundations
- For-profit organizations

To avoid losing work, click on the "Save As Draft" button located at the top and bottom of the page at least once per hour. We recommend saving your application after attaching each document to the application. Before submitting your completed application, we strongly suggest that you click on "Application Packet" at the top right side of the page. This will allow you to create and save a PDF of your application and all attachments for your records and/or for you to share with others. You will also see if all of your attachments are displaying the information requested correctly. **Please check spelling, grammar and any budget/calculations.**

If you have questions, please contact us at (845) 452-3077 or at grants@communityfoundationshv.org.

This project is being supported in part, by federal award number 21.027 awarded to the County of Ulster by the U.S. Department of the Treasury.

Section 1: This section pertains to the organization that will utilize the grant if awarded:

Project Name*

Name of Project

Character Limit: 100

Tax Status*

Select the organization's tax status from the list below.

Choices

501(c)(3)

Faith-based Institution

Educational Institution

Governmental Agency

Other

Not a nonprofit organization but have a fiscal sponsor

Fiscal Sponsor or Other Status (Description)

If the organization is working with a Fiscal Sponsor, indicate who it is and provide contact information. A copy of your fiscal sponsor agreement must be attached to the application.

If you selected other, describe the organization's non-profit status.

Character Limit: 1000

Date of Incorporation or date program established

What is the date the organization was incorporated or if fiscally sponsored the date your program started? (Required for 501(c)(3) organizations)

Character Limit: 10

Organization's Purpose or Mission*

Provide a brief statement of the program or organization's mission or purpose.

Character Limit: 2000

Full Range of Services Organization Offers*

Briefly describe the full range of services offered by the organization (food distribution, case management, signups for assistance programs, clothing and household item giveaways, etc).

Character Limit: 5000

Number of Persons Served*

Briefly describe approximately how many individuals or families the organization currently serves monthly. Include any details on duplicated/unduplicated numbers or challenges with tracking this information.

Character Limit: 2500

Operating Budget (Amount)*

What is the organization's annual operating budget?

Character Limit: 20

Section 2: Grant Request: This section pertains to the project/program for which funding is requested:

Grant Request Total (Amount)*

Indicate the total amount requested from this grant program.

Grants made through this program will range from \$5,000 - \$20,000.

Applicants who make requests in **partnership/collaboration may apply for up to \$75,000.** Collaborative projects must demonstrate a clear plan for how the funds will be used to improve the resiliency and sustainability of the emergency food system into the future. Collaborative requests to only purchase food will not be competitive. Roles of each partner/organization participating in the collaboration must be clearly defined.

Character Limit: 20

Grant Funding Area*

If awarded, indicate how the grant funds will be used/applied.

Select all that apply.

Choices

education
 equipment
 food
 staffing
 supplies/materials
 training
 transportation
 other

Grant Request (Description)*

Describe the program/project and **how the request will allow the organization to effectively address one or more of the following focus areas:**

- address food insecurity;
- leverage existing resources and expand existing emergency food services;
- provide equipment or personnel to increase capacity to collect, store, distribute, and provide food to those in need;
- purchasing food; and
- ensure sustainability and organizations addressing food insecurity in critical geographic areas where providers are limited.

Character Limit: 7500

Geographic Service Area for this Funding (Description)*

Briefly indicate the geographic area that this program/project will specifically serve/impact (Cities, Towns, All county, etc).

Character Limit: 1500

Population Served by this Funding (Description)*

Briefly describe the population that will be directly served by this grant?

Character Limit: 2500

Food Sourcing/Purchasing

If requesting funds to purchase food please share more details on where you are sourcing the food/product (food bank, local farms, markets, etc.)

Character Limit: 2500

Transportation

Please share any transportation needs, challenges or successes your organization/program currently has around sourcing, purchasing and/or distributing food or running your program effectively. *

** We have included this question to better understand the challenges and resources around transportation needs related to food security in Ulster County.*

Character Limit: 2500

Project/Program Timeframe (Description)*

Provide a description or date(s) indicating the time frame for this grant request.

Character Limit: 2500

Collaborations*

Are you collaborating with other organizations in this program/project?

Choices

Yes

No

Lead Organization

If the program or project is a collaboration, which organization will manage the grant?

Character Limit: 500

Collaborations (Description)

If yes, what organizations are you collaborating with and briefly describe the nature of the collaboration with this grant request.

Be sure to indicate:

- Are these formal collaborations or partnerships (contracts/MOUs/agreements)?
- Length of time collaborating
- Is this a new relationship/partnership for this grant request?
- Roles and responsibilities of each partner/organization in the collaboration
- Breakdown of funding between the organizations

Character Limit: 7500

Total Project/Program Budget (Amount)*

Indicate the total budget amount needed in order to accomplish the project/program.

Character Limit: 20

Expenses - CFHV*

List the items and/or use of funds you are requesting from CFHV. Include the dollar amounts for each.

Example:

Freezer: \$2,000

Volunteer Coordinator Stipend: \$5,000

Shelving: \$750

Character Limit: 500

Expenses - Exceeding CFHV Request*

If program/project expenses exceed the amount requested from CFHV, detail here:

(enter n/a if this is not applicable to your request)

Character Limit: 500

Income Confirmed*

List any other committed/secured sources of support for this program/project. Detail source and amount.

(enter n/a if this is not applicable to your request)

Character Limit: 500

Income Pending or Anticipated*

List any other grants applied to, or anticipated sources of support for this program/project. Detail source and amount.

(enter n/a if this is not applicable to your request)

Character Limit: 500

In-Kind Support*

List all in-kind support and estimated value (if known) for this program/project.

(enter n/a if this is not applicable to your request)

Character Limit: 500

Total Project/Program Budget (Attachment)

Summary budget details must be listed in the fields below.

Should you wish to submit a detailed **program budget**, you may attach here.

This may be helpful for larger programs/projects where you are only asking for a portion of the funding from CFHV.

You will be asked to submit your **full agency operating budget at the end of this application.**

The attachment should be either an Excel, Word or PDF file. It is important that you preview the budget document before you submit this application to ensure the formatting is correct.

File Size Limit: 3 MB

Budget Narrative

Please include a budget narrative, if needed, to explain any financial circumstances or to provide context to the budget.

Character Limit: 2500

Funding Impact*

Please describe the overall impact that you anticipate the funding will have on your program/organizations/services offered?

Character Limit: 2500

Primary Project Contact*

Indicate the name and e-mail address for the primary project contact.

Character Limit: 100

Other Information

Is there any other relevant information we might need to better understand the request?

Character Limit: 2500

Please attach the following documents here:

Operating Budget (Attachment)*

Attach the current year operating budget as a *pdf, jpeg, doc, docx, xls, xlsx* (Required for 501(c)(3) organizations). If you are attaching an Excel file please be sure to review the attachment using the "Application Packet" feature at the top of the page to make sure it appears in the manner you intended. If the budget does not display clearly/correctly, the application will not be accepted.

File Size Limit: 3 MB

Financial Statements*

Please upload your organization's most recent full year financial statements.

(Documents must include expenses, revenue, and balance sheet)

Please attach in one of the following formats: *pdf, jpeg, doc, docx, xls, xlsx*.

File Size Limit: 5 MB

Audit

Attach your most recent audit (if audited).

Please upload using one of the following formats: *pdf, jpeg, doc, docx, xls, xlsx*. If the file is too large to upload, email it directly to grants@communityfoundationshv.org.

File Size Limit: 12 MB

Board of Directors (Attachment)

Attach a list of the organization's Board of Directors including their professional affiliations (Required for 501(c)(3) organizations).

If you are a fiscally sponsored program, you may attach a list of leadership, advisory members etc. for your program.

Please attach in one of the following formats: *pdf, jpeg, doc, docx, xls, xlsx*.

File Size Limit: 1 MB

Fiscal Sponsor (Attachment)

If utilizing a Fiscal Sponsor, please submit your fiscal sponsor agreement or a letter by the sponsor stipulating that they have agreed to serve in this capacity.

Please attach in one of the following formats: *pdf, jpeg, doc, docx, xls, xlsx*.

File Size Limit: 3 MB

Additional Attachments

If you have relevant materials relating to the grant request, you may attach them here. Examples of relevant materials are product sheets for equipment requested, materials from existing programs, etc.

Please attach only documents in one of the following formats: *pdf, jpeg, doc, docx, xls, xlsx*.

File Size Limit: 6 MB

Organization Executive/Leadership Authorization (Electronic Signature)*

Enter the organization Leadership/Executive's full name, business title and the date of submission

(e.g. Mary Smith, Executive Director, 3/1/2024)

Character Limit: 100

Affirmation*

By entering the signature information of the organization's Leadership/Executive above and clicking "I Agree" below, you certify that the Leadership/Executive of the organization has

reviewed and approved this application and the statements contained in this application are true and correct to the best of your/their knowledge and belief.

Choices

I Agree

I Do Not Agree